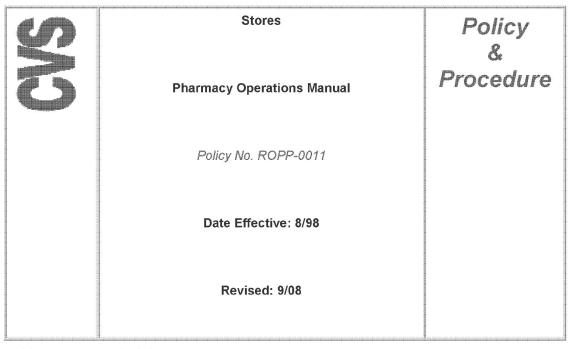
Schedule II Drugs



Title: Schedule II Drugs

Purpose: To describe the CVS method of maintaining a perpetual Schedule II

Control Drug Inventory while emphasizing the importance of strict

adherence to all Federal and State regulations regarding Schedule II drugs.

Procedure:

1. EXPECTATIONS:

- 1.1. A perpetual inventory for all Schedule II drugs is established and then maintained on a daily basis.
- 1.2. Any change in the inventory level of a Schedule II drug is documented on that medication's Schedule II Inventory Form.
- 1.3. Only the pharmacist is to receive, check in, and put away Schedule II orders.
- 1.4. Only the pharmacist is to retrieve, count, record, and then put away the medication, when a prescription for a Schedule II is filled.

PLAINTIFFS TRIAL EXHIBIT
P-23305_00001

- 1.5. All Schedule II prescriptions are double counted and logged prior to dispensing.
- 1.6. Any discrepancy between the Schedule II Inventory Forms and the physical inventory is reported to the DSM or Pharmacy Supervisor immediately.
- 1.7. A physical inventory of all Schedule II medications is performed at least once a month by alternating pharmacists.
- 1.8. The Schedule II Inventory Forms used for the perpetual inventory are never stored in the narcotic (CII) cabinet or in the pharmacy safe.
- 1.9. Access to the pharmacy safe or narcotic (CII) cabinet is restricted to the registered pharmacist on duty.
- 1.10. Items other than Schedule II medication, unused DEA 222 forms and personnel records are not kept in the Narcotic safe or Narcotic cabinet.
- 1.11. All State and Federal Laws regarding to the sale of exempt narcotics are complied with.

2. SCHEDULE II DRUGS

- 2.1. The security of the store's Schedule II inventory is the responsibility of the pharmacist(s) on duty.
- 2.2. It is the pharmacist's responsibility to ensure that:
 - 2.2.1. All State and Federal Laws regarding Schedule II drugs are followed.
 - 2.2.2. All CVS policies and procedures regarding Schedule II drugs are followed.

3. SCHEDULE II ORDERS

- 3.1. The warehouse does not carry Schedule II medications.
- 3.2. Order all Schedule II medications through the PRIMARY pharmacy wholesaler following all state and federal regulations. (*Refer to Figure 21 A at the end of this section.*)
- 3.3. Additional DEA 222 (Order) Forms can be obtained by EITHER:

- 3.3.1. Completing the preprinted reorder form that is enclosed with your forms and mailing it to the DEA in the self-addressed envelope, OR
- 3.3.2. Calling the DEA's automated request line at (800) 882-9539 and selecting Option "5."
- 3.4. In addition, note the following:
 - 3.4.1. STORE all <u>unused</u> DEA 222 Forms in the store's Narcotic (CII) safe or cabinet.
 - 3.4.2. USE the DEA 222 Forms in numerical sequence
 - 3.4.3. Do NOT order bottles which contain quantities greater than 100 tablets/capsules.
 - 3.4.4. Only the pharmacist who has signed a power of attorney for that pharmacy can sign the DEA 222 Form.
 - 3.4.5. When the order is completed, place in a sealed envelope addressed to the wholesaler. Give the order to the driver or mail directly to the wholesaler.
 - 3.4.6. File the store's copy of the completed DEA 222 Form in a binder or file drawer folder where they will be readily accessible to check in the order.

4. RECEIVING/CHECKING SCHEDULE II ORDERS

- 4.1. The following tasks must be performed by the pharmacist and cannot be delegated.
- 4.2. All Schedule II orders are received, checked in, and put away as follows:
 - 4.2.1. RECEIVE the delivery from the wholesaler's driver.
 - 4.2.2. RECONCILE the contents of the package (by item) to the wholesaler's invoice(s) *in the presence of the driver.*
 - 4.2.3. IF there is a discrepancy: <u>YOU MUST REFUSE THE</u> ORDER.
 - 4.2.3.1. If you have a patient waiting for an item in the order, please make every effort to service this patient by locating a

- pharmacy which has the medication in stock (if the patient cannot wait until the correct order is received).
- 4.2.4. SIGN-OFF on the driver's receiving log if there are NO discrepancies.
- 4.2.5. RECORD the QUANTITY of each medication, and the DATE RECEIVED on each line on the DEA 222 Form. DITTO MARKS ARE NOT VALID.

Refer to Columns 8, 9, and 10 in Figure 21 - A.

- 4.2.5.1. If a packing slip comes with the merchandise, staple it to the back of the DEA 222 Form.
- 4.2.6. When the DEA 222 Form is completed, RECORD all medications received, and the <u>signature</u> of the receiving pharmacist, on the appropriate Schedule II Inventory Forms.

Refer to Figure 21 - C.

5. ESTABLISHING PERPETUAL INVENTORIES

- 5.1. A perpetual inventory for all Schedule II medications is established and then maintained on a daily basis.
- 5.2. Any change in the inventory levels of Schedule II medications is documented on that medication's Schedule II Inventory Form.
- 5.3. To establish the perpetual inventory, refer to Figure 21 B at the end of this section.
- 5.4. In addition, note the following:
 - 5.4.1. Use a SEPARATE Schedule II Inventory Form for each medication.
 - 5.4.2. RECORD all entries in ink.
 - 5.4.3. FILE the Inventory Forms in a CII Perpetual Inventory File Box.
 - 5.4.4. To ensure the integrity of these records in the event of a burglary; do NOT store this file box where the Schedule II are kept such as in a narcotic security cabinet or safe.

6. FILLING SCHEDULE II PRESCRIPTIONS

- 6.1. Only the pharmacist is to retrieve, count or record the information on the Schedule II Inventory Form and put the medication back in stock.
- 6.2. All Schedule II prescriptions are to be double counted to ensure accuracy and are logged on the respective Schedule II Inventory Forms at the time that the prescription is filled.
 - 6.2.1. Interns and/or Technicians, however, may be trained to process Schedule II prescriptions through the computer.
- 6.3. In addition, all pharmacists must adhere to the following:
 - 6.3.1. All state and federal laws regarding the filling of Schedule II prescriptions MUST be followed by all pharmacy staff members.
 - 6.3.2. Blanket decisions based on a practitioners prescribing habits or a customer's appearance are either unprofessional or illegal.
 - 6.3.3. All prescriptions must be analyzed on an individual basis to determine their merit and medical necessity.
 - 6.3.4. Every effort must be made to contact the physician when the legitimacy of a prescription is in doubt.
- 6.4. Workstation Responsibilities

6.4.1. DROP-OFF WORKSTATION

- 6.4.1.1. Accept prescriptions for CII narcotic medication
- 6.4.1.2. Perform data entry according to CVS policy
- 6.4.1.3. Once prescription is print ready, print the prescription label
 - 6.4.1.3.1. If multiple prescriptions in order, print all prescriptions
- 6.4.1.4. Attach CII narcotic prescription hardcopy to corresponding prescription label with paper clip and provide to the Team Member at Production
- 6.4.2. PRODUCTION WORKSTATION

- 6.4.2.1. Place the CII narcotic prescription hardcopy to corresponding prescription label in the appropriate colored basket
 - 6.4.2.1.1. If there are multiple prescriptions in order, prepare the remaining prescription(s) before providing to the Pharmacist
- 6.4.2.2. Place the basket in the Red Zone/To Be Verified Area in Promised Time priority order (Tower Format) for the QA Pharmacist

6.4.3. QUALITY ASSURANCE WORKSTATION

- 6.4.3.1. Prepare the CII narcotic prescription (<u>QA Pharmacist only</u>):
 - 6.4.3.1.1. Obtain appropriate CII narcotic medication(s) from designated secure area
 - 6.4.3.1.2. Perform Accuracy Scan for each medication
 - 6.4.3.1.3. Count medication and label vial
 - 6.4.3.1.4. Complete the CII narcotic log, file CII narcotic prescription, and return CII narcotic medication to designated secure area
 - 6.4.3.1.5. Perform Quality Assurance verification
 - 6.4.3.1.6. Bag the prescription(s) and place in Green Zone/Verified Area

6.4.4. PICK UP WORKSTATION

- 6.4.4.1. Adhere to the standard CVS Pick-up Workstation procedures
- 6.4.5. Failure to comply with these responsibilities may be considered a gross violation of company policy and may result in discipline up to and including termination
- 6.5. Refer to Figure 21 C at the end of this section for step-by-step instructions for recording prescriptions on the inventory forms.

7. MONTHLY INVENTORIES

- 7.1. A physical inventory of all Schedule II medications is performed once a month by alternating pharmacists.
 - 7.1.1. If possible, establish a routine where this inventory is completed the first Sunday of every month.

Note: A physical inventory of all Schedule Π medications is performed once every 10 days in Massachusetts stores.

- 7.2. Any discrepancy between the physical inventory and perpetual Schedule II inventory form is reported to the DSM/Pharmacy Supervisor immediately.
 - 7.2.1. The DSM/Pharmacy Supervisor will decide whether a DEA Form 106 Report will have to be filled out or not.
- 7.3. At no time is an adjustment made to an inventory form without the DSM's/Rx Supervisor's approval.
 - 7.3.1. This includes burglaries, robberies, etc.
- 7.4. Include as part of the inventory all damaged and outdated products that have not been written off the inventory.
- 7.5. Refer to Figure 21 C at the end of this section for step-by-step instructions.

8. BROKEN TABLETS

- 8.1. Segregate broken tablets into separate bottles by brand and either:
 - 8.1.1. **INCLUDE** them as part of the perpetual inventory
 - 8.1.2. WRITE them off the perpetual inventory:
 - 8.1.2.1. ESTIMATE as closely as possible the number of broken tablets in each bottle.
 - 8.1.2.2. SEAL the bottle with tape. Write on the outside "Broken Tablets."
 - 8.1.2.3. MAINTAIN a separate inventory card for each brand of broken tablets.

- 8.1.2.4. STORE broken tablets with other outdated/damaged Schedule II merchandise.
- 8.2. Refer to Figure 21 D at the end of this section for an example of this procedure.

9. OUTDATED SCHEDULE II (CII) RETURNS

Refer to Section 31: Merchandise Returns/Credit for the correct procedures to return damaged/outdated Schedule II drugs.

10. NARCOTIC (CII) CABINETS

- 10.1. The storage of all Schedule II medications is to meet the minimum standards established by state and federal laws.
- 10.2. Narcotic (CII) cabinets must be used when available. At no time are items other than Schedule II medications and unused DEA 222 Forms to be kept in these cabinets.

Access to the cabinet is restricted to the registered pharmacist(s) on duty only.

- 10.2.1. KEEP Narcotic (CII) cabinets LOCKED at all times except when retrieving, inventorying, stocking, or returning medications to the cabinet.
- 10.2.2. RESTRICT possession of CABINET KEYS to the store's regular pharmacist, the DSM/Pharmacy Supervisor, and the Floaters.
 - 10.2.2.1. A key for floaters will be secured in a sealed control key envelope in the Front Store safe if the cabinet lock cannot be "keyed" with the gate and department doors.
 - 10.2.2.1.1. The floater must seal the key in a new control envelope and sign it.
 - 10.2.2.1.2. Any deviation from this policy must be reported to the DSM/Pharmacy Supervisor.
 - 10.2.2.2. Keys are never left in the lock and should be properly secured when not in use.
- 10.2.3. The narcotic (CII) cabinet is closed and locked prior to leaving the store at closing.

11. COMBINATION NARCOTIC SAFES

Access to the safe is restricted to the registered pharmacist on duty only.

- 11.1. KEEP safe LOCKED at all times except when retrieving, inventorying, stocking, or returning medication to the safe.
- 11.2. **NEVER** leave the tumblers in the position where a slight turn of the tumbler would open the safe.
 - 11.2.1. A safe is considered "open" unless the entire combination number is required to open it.
- 11.3. RESTRICT the safe's combination to the store's regular pharmacist, the DSM/Pharmacy Supervisor, Zone Scheduler and designated Floaters.
 - 11.3.1. Floaters obtain the combination from:
 - 11.3.1.1. The DSM/Pharmacy Supervisor or zone scheduler.
 - 11.3.1.2. The envelope kept in the front store safe which contains the gate key.
 - 11.3.1.3. CII Perpetual Inventory Box.
- 11.4. Floaters MUST maintain the integrity and confidentiality of this combination.
- 11.5. In stores where the combination tumbler is equipped with a key lock:
 - 11.5.1. The key is never left in the lock.
 - 11.5.2. The key control procedures are the same as those for locked narcotic cabinets.
- 11.6. The safe must be closed and locked prior to leaving the store at closing. (Unlock the rigid dial then spin it.)

12. COMBINATION NARCOTIC SAFES

Access to the safe is restricted to the registered pharmacist on duty only.

12.1. KEEP safe LOCKED at all times except when retrieving, inventorying, stocking, or returning medication to the safe.

- 12.2. **NEVER** leave the tumblers in the position where a slight turn of the tumbler would open the safe.
 - 12.2.1. A safe is considered "open" unless the entire combination number is required to open it.
- 12.3. RESTRICT the safe's combination to the store's regular pharmacist, the DSM/Pharmacy Supervisor, Zone Scheduler and designated Floaters.
 - 12.3.1. Floaters obtain the combination from:
 - 12.3.1.1. The DSM/Pharmacy Supervisor or zone scheduler.
 - 12.3.1.2. The envelope kept in the front store safe which contains the gate key.
 - 12.3.1.3. CII Perpetual Inventory Box.
- 12.4. Floaters MUST maintain the integrity and confidentiality of this combination.
- 12.5. In stores where the combination tumbler is equipped with a key lock:
 - 12.5.1. The key is never left in the lock.
 - 12.5.2. The key control procedures are the same as those for locked narcotic cabinets.
- 12.6. The safe must be closed and locked prior to leaving the store at closing. (Unlock the rigid dial then spin it.)

13. COMBINATION/KEY NARCOTIC SAFES

Safes that utilize a key in conjunction with a combination lock may leave the combination component unlocked during the business day. However, the key component must be locked at all times and the <u>must be</u> removed from the lock. The key must be stored in a secure location, under the direct control of the pharmacist on duty.

14. AUDITS

Only the pharmacist on duty is allowed to verify Schedule II inventory counts during a pharmacy audit.

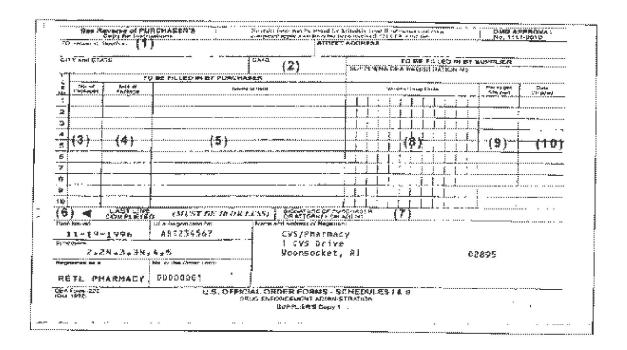
15. PHYSICAL INVENTORIES

- 15.1. The following must be done during a physical inventory:
 - 15.1.1. For stores where CII drugs are dispersed throughout the shelves, ALLOW the inventory crew member to scan the CII's with the rest of the drugs.
 - 15.1.2. For stores where CII drugs are kept in a cabinet or safe, OBSERVE the inventory crew member scan the CII drugs.
- 15.2. Remember, the pharmacist is responsible for the security of all CII medications during the inventory procedure.

16. BIENNIAL CONTROL SUBSTANCE INVENTORY

- 16.1. All pharmacies are required by law to take a Biennial Control Substance inventory upon the initial opening of the pharmacy and then subsequently on May 1 of every odd year.
- 16.2. Complete the Biennial Control Substance Inventory as follows:
 - 16.2.1. FILL out the top of the inventory form completely. It is important that the pharmacist completing the inventory DATE and SIGN EACH SHEET.
 - 16.2.2. COUNT all Schedule II substances first. An ACTUAL count is required on all Schedule II tablets and capsules. Powders must be weighed and liquids measured.
 - 16.2.3. COUNT all Schedule III's, IV's, and V's after the Schedule II's. An estimated count is allowed for all Schedule III, IV and V substances.
 - 16.2.4. The inventory sheet has multiple columns, which means that for subsequent inventories, it will only be necessary to put the date, time, signature, and printed name of the pharmacist taking the inventory on each sheet.
 - 16.2.5. ADD any products which are not listed on the form.
 - 16.2.6. KEEP the pharmacy copy of the Biennial Control Substances Inventory in the two-drawer filing cabinet as indicated on page 16 6 of this manual.

Figure 21 - A



17. Completion of the DEA 222 Forms:

1. Name of Supplier: List the primary pharmacy wholesaler on the DEA 222 Form as

the supplier. Fill in the complete address.

1. Date: Date form is completed.

1. # of Packages: Record the number of bottles of that medication being ordered.

1. Size of Packages: Units per bottle ordered. For tablets and capsules, should never

be greater than 100.

1. Name of Item: Record the full name of the medication being ordered.

1. Lines Completed: Total number of lines used to order medication.

1. Signature: The signature of the pharmacist writing the order. Only the

pharmacist who has signed the power of attorney for that pharmacy can sign the DEA 222 Form. Forms should not be

presigned.

1. NDC #: Record the NDC number of the medication received.

1. Pkgs. Shipped: Record the number of bottles (pkgs. actually received in the

order).

1. Date Shipped: Record the date medication was received. Date must be

recorded on each line for medication received. NEVER USE

DITTO (" ") MARKS.



SCHEDULE BINVENTORY CARD

NDC:	0605486020				SIZE: sap;				
		CEIVING			DISBURSEMENT				
Dete	Order Form#	iกขอเอย #	Oparitity	Name	Address	Rx#	Quantity	Balance	R PA. Incials
2/28/97	Beginning	Investing	.50		: 	; ; ; — — — — — —		30	ma
3/3/97	123436	654321	100			 	— — — — » 	130	MH
2/4/47				SMITH, JOHN	123 MAIN STREET	## 29536B	è 30	790	AN)
3/16/97	Invantory		199					100	mor
V17/97	Bohan	عالما	. 5					95	mA
						┝╸┉╶┈┈┈— ┝╸┈╶┈┈╨—	<u>-</u>		
					- -				<u> </u>

A. COMPLETE TOP OF FORM

DRUG:. Record full name of the medication

MANUFACTURER: Record full name of the drug manufacturer. Use separate

cards if the store uses more than one brand name of the

same medication.

NDC: Record NDC number of the brand of medication used by

the store.

SIZE: Record package size ordered.

B. ESTABLISH PERPETUAL INVENTORY

DATE: Date inventory taken.

RECEIVING: Write "BEGINNING INVENTORY."

DISBURSEMENT: Leave blank.

BALANCE: Record the amount of the item on hand at that time.

R. PH. INITIALS: Initials of pharmacist doing the inventory.

C. RECORDING SCHEDULE II ORDERS

Example: On March 3rd, DEA - 222 #123456 (Invoice #654321) shows Roxicet Tablet 100's were received. The new balance in stock as of March 3 is now 130 tablets.

D. RECORDING SCHEDULE II PRESCRIPTIONS

Example: On March 4th, prescription #295974 was filled for 30 Roxicet and the balance is now 100 tablets.

Use computer generated CII Inventory Sticker to record the prescription on the Inventory Form.

E. RECORDING MONTHLY INVENTORIES

Example: On March 15th, a monthly inventory was taken showing the balance on hand is what it should be (100 tablets).

F. RECORDING BROKEN TABLETS/DAMAGED PRODUCT

Broken Tablets are maintained on two inventory cards - the perpetual inventory card and a separate inventory card for broken tablets only.

Perpetual Inventory Card:

DATE: Record the date that the tablets are to be subtracted from

the inventory.

RECEIVING: Write BROKEN TABLETS in this space.

DISBURSEMENT Record the number of broken tablets written off the

AMT: inventory.

BALANCE IN STOCK: Subtract the figure in the amount column from the balance

in stock. Record this new total.

R. PH. INITIALS: Initials of pharmacist who writes the tablets off the

inventory.

Example: On March 17th, 5 broken tablets were recorded on the perpetual inventory card and subtracted from the inventory balance (95 tablets).

Exhibit 21 - C

BROKEN TABLETS INVENTORY CARD

	DRUG: Roscet Tablet					MANUFACTURER Rat				
	NDC:	5095486	1994			SIZE: 1001				
	RECEIVING				DISBURSEMENT					
	Date	Ротя:#	Invoice #	Quantity	Name	Acdress	Fix#	Oceantity	Вазасе	R Pa. Initola
3)	3/27/07	Booken	Toplats	5					5	mA
						A				
						<u></u>	<u>:</u> :	:		
					i		_	,		
					:		m m m as			
								j		
					-			·		j
						: †		 		
						····		+		
	O58,152 Re	nt# 984007 Re	· 1/7/2		1	:		<u>i</u>		

Broken Tablets Inventory Card:

DATE:	Record the	date that	the tablets	are written	off the

inventory.

RECEIVING: WRITE BROKEN TABLETS in this space.

DISBURSEMENT RECORD the number of broken tablets written off the

AMT: perpetual inventory.

R. PH. INITIALS: INITIALS of the pharmacist who wrote the tablets off the

perpetual inventory.

The broken tablet information written on both cards should be identical.

Example: On March 17th, 5 broken tablets were recorded on the Broken Tablets

Inventory Card (5 tablets).

Attac	hments:	None
-------	---------	------

Prepared By:	Date:	

Department Manager

Case: 1:17-md-02804-DAP Doc #: 4128-49 Filed: 11/08/21 16 of 16. PageID #: 552901

Approved By:	Date:
	Department Officer
Approved By:	Date:
	Director of Internal Audit

